

BOSTIC

Law Firm, PA

834 WAPPOO ROAD
POST OFFICE BOX 31863
CHARLESTON, SOUTH CAROLINA 29417-1863

CURTIS E. BISHOP ✓
ROBERT M. FAHREN
DANIEL G. WALKER*
SUSAN R. REYNOLDS

(843) 571-2525
FAX (843) 571-7050
www.BosticLaw.com
ALSO ADMITTED IN N.C. AND
ALSO ADMITTED IN TN
ADMITTED IN CA ONLY

February 6, 2008

Public Service Commission of South Carolina
101 Executive Center Drive
Columbia, SC 29210

Re: Application for Certificate of Public Convenience and Necessity

Dear Sir or Madam:

Enclosed please find the application for Pelican Movers, Inc. Pelican Movers would like to set up a moving company in the Charleston area. We would like to move this along as quickly as possible. If you need any other information, feel free to contact me at the phone number above or by e-mail at dwalker@bosticlaw.com.

We look forward to hearing from you regarding the next step in the application process.

Sincerely,



Danielle G. Walker

dgw/slf
Enclosure

RECEIVED
2008 FEB - 7 AM 10:08
SC PUBLIC SERVICE
COMMISSION

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Certificate
of Public Necessity
for Operation of Motor
Vehicle Carrier

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-43-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Mark Nash

Telephone: 843-225-7222

Address: 1629 Folly Road
Charleston, SC 29412

Fax: 843-225-7230

Other:

Email: mark@gg-pelican.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input checked="" type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)

OFFICE # (803) 896-5100

FAX # (803) 896-5199

RECEIVED
 2000 FEB - 7 AM 10:00
 PUBLIC SERVICE COMMISSION

CLASS E (HHG)

DATE _____, 20____

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
 NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

PELICAN MOVERS INC

2. (a) Street Address of Applicant 1629 FOLLY ROAD

CHARLESTON SC 29412

- (b) Mailing address, if different from street address N/A

- (c) Telephone Number 843 225 7222 Fed II

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business.
 (b) If a corporation, names and addresses of two principal officers will be sufficient.

MARK NASH 1071 SEA EAGLE WARD CHARLESTON 29412

RONY TUCKNEIL 74 FRED DANWAT RD MILDENHALL SUFFOLK IP287RD

UK.

5. (a) Class E – the proposed rates and charges for service, rules and regulations governing same are included herewith, as set forth on Exhibit "A".
 (b) Class F – Contracts are included herewith.

6. The proposed commodities to be transported and the area to be served, as set forth on Exhibit "C" included herewith. HOUSEHOLD GOODS & OFFICE FURNITURE
7. The proposed list of equipment is as per Exhibit "D" included herewith.
8. Applicant proposes to operate service applied for as follows: (Check one)
(a) Intrastate Only ☒ (b) Interstate Only ☐
9. **IMPORTANT!** If application is to request reinstatement, amend, sale, lease or otherwise transfer a certificate of PC&N, a current annual report shall be on file with the Commission **before** application will be accepted. Annual report form attached for your convenience. **If application is for a NEW CERTIFICATE, DO NOT SUBMIT ANNUAL REPORT.**
10. Is applicant certified to provide **intrastate** transportation of household goods in another state? Yes ☐ No ☒ (Check one).
If yes, attach a letter from the regulatory agency in the State(s) stating applicant is in compliance with the rules and regulations of said state agency.
11. Has applicant been convicted of operating with no **intrastate** household goods authority or failure to abide by the rules and regulations pertaining to the **intrastate** transportation of household goods in this state or any other state?
Yes ☐ No ☒ (Check one)
If yes, list dates and nature of convictions below.

12. Has applicant ever had certificate authorizing the transportation of household goods revoked in this state or any other state?
Yes ☐ No ☒ (Check one).
If yes, list dates and reason for revocation below.

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PELICAN MOVERS, INC.,
a corporation duly organized under the laws of the State of South Carolina on March 5th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
14th day of March, 2007.

Mark Hammond

ARTICLES OF INCORPORATION
PELICAN MOVERS, INC

- 1 The name of the corporation is Pelican Movers, Inc
- 2 The initial registered agent of the corporation is

National Registered Agents, Inc.
2 Office Park Court
Suite 103
Columbia, SC 29223

I hereby consent to the appointment as registered agent of the corporation

Kaura Bernard Assistant Sec.
Agent's signature

- 3 The corporation is authorized to issue up to 1000 shares of one class of stock
- 4 The existence of the corporation shall begin as of the date of filing
- 5 The name, address, and signature of each incorporator is as follows

Mark A. Nash
10610 Iron Bridge Rd. #6
Jessup, MD 20794

Mark A. Nash

- 6 I, Curtis Bostic, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation

Date 2/12/07

Curtis E. Bostic
834 Wappoo Road
Charleston, SC 29407
(843) 571-2525

CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

MAR 22 2007

070308-0030

PELICAN MOVERS, INC

FILED 03/06/2007

Filing Fee \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

13. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

PLEASE SEE
ATTACHED

Balance at Time Application is Filed:
Month: _____ Year: _____

Assets:	
Cash	
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	

14. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF Charleston

I, Mark Nash, President
(Name of Applicant's Representative) (Title)
of Pelican Movers, Inc., the Applicant for the Certificate of Public Convenience and Necessity as
(Applicant)
set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Charleston, South Carolina
This the 6th day of February 2008
Daniell G. Walker
(Notary Public)
Commission Expires: 5-17-2016

(Signature of Applicant's Representative)

Pelican Movers, Inc.
Profit & Loss
January through December 2007

	Jan - Dec 07
Ordinary Income/Expense	
Income	
Exports	163,807.88
Imports	50,647.80
Misc	34,831.96
PACK & LOAD	5,512.50
Storage	30.00
Total Income	254,830.14
Cost of Goods Sold	
Subcontracted Services	4,939.00
Travel Expenses for Drivers	205.00
Total COGS	5,144.00
Gross Profit	249,686.14
Expense	
ADP FEE	528.50
Advertising and Promotion	7,059.79
Automobile Expense	3,583.59
Bank Service Charges	106.00
Business Licenses and Permits	1,025.00
Computer and Internet Expenses	1,952.62
CREDIT CARD CHARGES	1,058.52
Deliveries	6,920.25
Dues and Subscriptions	2,492.68
Equipment Rental	957.29
Insurance Expense	
General Liability Insurance	7,108.69
Health Insurance	4,009.30
Worker's Compensation	1,337.60
Insurance Expense - Other	4,471.18
Total Insurance Expense	16,926.77
INTL HHG INSURANCE	3,928.29
Janitorial Expense	625.00
Meals and Entertainment	629.00
Miscellaneous Expense	6,168.66
Office Supplies	1,943.95
P/up / Deliveries	1,644.00
PACKING MATERIALS	3,943.64
Payroll Expenses	1,302.41
PAYROLL TAXES	11,075.26
Professional Fees	5,437.58
Rent Expense	25,107.14
Repairs and Maintenance	10,150.45
SHIPPING	8,843.30
Small Tools and Equipment	153.39
Telephone Expense	3,914.24
Travel Expense	18,516.16
Trucking	61,923.79
Utilities	4,454.32
WAGES EXPENSE	19,578.63
Total Expense	231,950.22
Net Ordinary Income	17,735.92
Net Income	17,735.92

Pelican Movers, Inc.
Balance Sheet
As of December 31, 2007

	Dec 31, 07
ASSETS	
Current Assets	
Checking/Savings	
Checking	-8,243.16
Total Checking/Savings	-8,243.16
Accounts Receivable	
Accounts Receivable	48,524.69
Total Accounts Receivable	48,524.69
Total Current Assets	40,281.53
Fixed Assets	
Custom Software	217.35
Furniture and Equipment	19,818.65
Leasehold Improvements	2,092.26
Vehicles	7,998.58
Total Fixed Assets	30,126.84
TOTAL ASSETS	70,408.37
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
Accounts Payable	17,612.45
Total Accounts Payable	17,612.45
Total Current Liabilities	17,612.45
Total Liabilities	17,612.45
Equity	
Capital Stock	35,060.00
Net Income	17,735.92
Total Equity	52,795.92
TOTAL LIABILITIES & EQUITY	70,408.37

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**POST OFFICE DRAWER 11649
COLUMBIA, SC 29211**

Pelican Movers, Inc

(APPLICANT)

1629 Folly Road, Charleston, SC 29412

(ADDRESS)

Proposed Rates and Charges for Service

And Rules and Regulations Governing Same Are As Follows:

See Attached.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

POST OFFICE DRAWER 11649
COLUMBIA, SC 29211

PELICAN MOVERS Inc

Applicant

1629 FOLLY ROAD, CHARLESTON, SC 29412

ADDRESS

HOURLY MOVING CHARGES

Hours	REGULAR				OVERTIME			
	Van 1 Man	Van 2 Men	Van 3 Men	Van 4 Men	Van 1 Man	Van 2 Men	Van 3 Men	Van 4 Men
1	\$75	\$105	\$135	\$165	\$112	\$157	\$202	\$247
2	\$150	\$210	\$270	\$330	\$225	\$315	\$405	\$495
3	\$225	\$315	\$405	\$495	\$337	\$472	\$607	\$742
4	\$300	\$420	\$540	\$660	\$450	\$630	\$810	\$990
5	\$375	\$525	\$675	\$825	\$562	\$787	\$1012	\$1237
6	\$450	\$630	\$810	\$990	\$675	\$945	\$1215	\$1485
7	\$525	\$735	\$945	\$1155	\$787	\$1102	\$1417	\$1732
8	\$600	\$840	\$1080	\$1320	\$900	\$1260	\$1620	\$1980

ASSESORIAL CHARGES

Full packing service including materials \$3.00 per cubic foot min 100 cu ft

Full unpacking service additional \$1.50 / cu ft

Minimum Hours per job 4 Hours

Extra collections or deliveries \$150

Stair carry / elevator charge additional \$25 / hour

Extra for upright piano or bulky / heavy items \$150

Waiting Time \$75 / hour

Extra Labor \$40 / man / hour

Long Carry additional \$25 / hour

Storage \$0.15/ cubic foot per week min \$15

Warehouse handling \$0.25 / cu ft min \$25

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

**Post Office Drawer 11649
Columbia, South Carolina 29211**

PELICAN MOVERS INC
(Name)

1629 FOLLY ROAD CHARLESTON SC 29412
(Address)

Over Irregular Routes:

Commodities to be Transported:

Household Goods, As Defined in R. 103-210(1):

Area to be Served: (List counties in detail)

1 CHARLESTON

2 BERKLEY

3 DORCHESTER

Pelican Movers, Inc
(Applicant)

Date: 2-6-2009

MARK NASH
By

President
Title

INSURANCE QUOTE

The following insurance quote is for:

PELICAN MOVERS Inc

(Name of Motor Carrier)

1629 FOLLY ROAD CHARLESTON, SC, 29412

(Address of Motor Carrier)

Amount of Premium:

Limits Quoted (See Below):

Liability Insurance \$ 750,000. Limits _____

Cargo Insurance \$ 25,000. Limits _____

* **Attach Certificate of Insurance if available.** See Attached.

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

***** Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). Please refer to Regulation Nos. 103-172; 103-173 for Schedule of Minimum Limits. Transportation regulations are accessible on the ORS website (regulatorystaff.sc.gov).**

POLICY NUMBER: MC00216-01

COMMERCIAL INLAND MARINE
CM DS 02 09 00

COMMERCIAL INLAND MARINE DECLARATIONS

EFFECTIVE DATE 5/10/2007

National Independent Truckers Insurance Company, A Risk Retention Group

Administrative Office:

610 West St. Georges Avenue, Linden, NJ 07036
(908) 587-2619

Home Office:

1327 Ashley River Road, Building C, Suite 200 Charleston, SC 29407
(802) 371-2219

NAMED INSURED PELICAN MOVERS INC.

MAILING ADDRESS 1629 FOLLY ROAD, CHARLESTON, SC 29412

POLICY PERIOD: From 5/10/2007 To 5/10/2008 At
12:01 A.M. Standard Time at Your Mailing Address Shown Above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Business Description: HOUSEHOLD & OFFICE GOODS MOVER

Limits of Insurance \$ 25,000 , in respect to any one covered loss, disaster or casualty per covered vehicle, subject to the provisions contained in the Truckers' Cargo Liability Coverage Special Form, Section C. Limits of Insurance.

Premium for this Coverage Part:

<u>Covered Vehicle #</u>	<u>Premium</u>	<u>Payable</u>
I	\$1,700.00	In Full Upon Inception

Deductible: One Thousand (\$1,000.00) Dollars per loss, unless otherwise stated.

COUNTERSIGNED 0125/2007 BY Michael J. Allen
(Date) (Authorized Representative)

NOTE: OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION

Named insured

PELICAN MOVERS INC
1629 FOLLY ROAD
CHARLESTON, SC 29412



Commercial Auto Insurance Coverage Summary

This is your Declarations Page

Your coverage has changed

Policy number: 05760269-0

Underwritten by:

United Financial Casualty Company

November 27, 2007

Policy Period: May 10, 2007 - May 10, 2008

Page 1 of 2

driveinsurance.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

908-587-2619

COVER ME INSURANCE

Contact your agent for personalized service.

800-444-4487

For customer service if your agent is unavailable or to report a claim.

PO Box 94739

Cleveland, OH 44101

Your coverage began the later of May 10, 2007 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on May 10, 2008 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms Z228 (07/05), MCS90 (10/99), 2852SC (12/05), 4852SC (10/06), 4757SC (09/04) and 4881SC (10/04).

The named insured organization type is a corporation.

Policy changes effective November 26, 2007

Premium change: -\$301.00

Changes: The driver information has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$1,967
Bodily Injury and Property Damage Liability	\$750,000 combined single limit		
Uninsured Motorist Bodily Injury	\$750,000 combined single limit		205
Underinsured Motorist Bodily Injury	\$750,000 combined single limit		261
Underinsured Motorist Property Damage	\$750,000 combined single limit	\$0	7
Uninsured Motorist Property Damage	\$750,000 combined single limit	\$200	32
Medical Payments	\$5,000 each person		28
Subtotal policy premium			\$2,500
South Carolina Uninsured Motorist Fund charge			2
Fees			25
Total 12 month policy premium			\$2,527

EXHIBIT FWA

Name: PELICAN MOVERS Inc

Address: 1629 FOLLY ROAD CHARLESTON SC 29412

Telephone No. 843 225 7222 **Fax No.** 843 225 7230

U.S.D.O.T. No. 1616865 **ICC No.** MC 597566

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓
(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

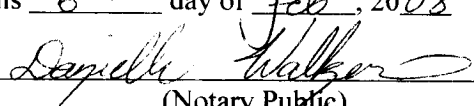
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Danville, VA

This 6th day of Feb, 2008


(Notary Public)

Commission Expires: 5-17-2016

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

(Applicant's name)

SAFETY CERTIFICATION

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392;395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE BOX	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NOT APPLICABLE

EXEMPT APPLICANTS - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines

PLEASE CHECK THE APPROPRIATE BOX	
<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NOT APPLICABLE

APPLICANT'S OATH

I, Mark Nash, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certificate that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material facts constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

Sworn to before me

at Charleston, South Carolina

this 6 day of Feb 2008

Danielle Walker

Notary Public 5-16-2017 exp

Signature of Applicant
(Not Legal Representative)